

produced such a fracture than a fall—as in the present instance—on the hip. Next, although the capsule was attached, yet he was unable to determine that the line of fracture was within the capsule entirely; he could not see the line of fracture even. Furthermore, the neck of the femur was gone, except about one-quarter of an inch above. He could not positively state where the line of fracture was, possibly it might have been across the trochanter major; the direction of the injury would tend to confirm this view. He further stated that the bone was united completely by bone. The shaft was fairly *within* the head of the bone. How did it get there? Not by direct injury. The shaft was sent into the neck immediately; absorption of the neck then took place, leaving the shaft in the head. He could think of no other explanation. The specimen was a very interesting one; there was complete bony union. Yet it lacked the positive evidences of fracture within the capsule.—*Buffalo Med. Journ.*, Oct. 1857.

Disarticulation and Removal of nearly the Lateral Half of the Lower Jaw.—Dr. C. E. ISAACS reports (*New York Journ. of Med.*, May, 1857) a case in which he performed this operation. The most interesting points in the history of this case are:—

1. The extirpation of the jaw without ligature either of the common or external carotid.
2. The restoration of the function of the divided branches of the portio dura.
3. The removal of the masseter muscle, and the tracing of the cancerous deposit from its internal, to its gradual disappearance near its outer surface, thus showing the necessity of complete extirpation of all suspected parts.
4. The fact of the non-recurrence thus far of a disease which, as viewed both by the naked eye and through the microscope, was undoubtedly of a cancerous character.

Simultaneous Dislocation of both Shoulder-Joints.—An example of this rare accident is recorded (*New York Journ. Med.*, Nov., 1857) by Dr. WM. H. VAN BUREN. It occurred in a well-built man, and was produced by a headlong fall down a flight of steps. Death ensued in five hours from fracture through the base of the skull with intercranial hemorrhage and laceration of cerebellum.

Anomalous Situation of the Left Kidney.—Dr. C. E. ISAACS, in making the post-mortem of a negro who had died of phthisis, found the left kidney in the cavity of the pelvis. Its superior extremity was in contact with the bifurcation of the abdominal aorta. The inferior touched the posterior surface of the bladder. The upper surface of the kidney was crossed by the sigmoid flexure of the colon. The inferior surface reposed upon the left common iliac artery and vein, upon the left internal, and the left external iliac artery, and the corresponding veins; also upon the fifth lumbar vertebra, and the first, second and third pieces of the sacrum—cellular tissue and vessels intervening.

The right edge of the kidney was in contact with the rectum—the left with the iliac portion of the brim of the pelvis.

There were three renal arteries, one of the size of a crow's quill, coming off from the abdominal aorta, the others were branches of the right common iliac, and were about the size of the radial arteries.

The renal vein entered the vena cava, at the point of its formation, by the two common iliac veins. The kidney was of the ordinary size. The left supra-renal capsule was twice as large as usual, and of the shape of a fig leaf. It occupied its normal position in the lumbar region.

The right kidney was somewhat larger, and situated rather lower down than usual.—*New York Journ. of Med.*, Nov., 1847.

Gun-shot Wound of Bladder; Recovery.—Dr. ROBERT H. GRINSTEAD records (*St. Louis Med. and Surg. Journ.*, Nov. 1857) an interesting case of this. The subject of it was a delicate lad, 17 years of age, accidentally shot on the morning of the 4th July, 1857. The ball, which was discharged from a pistol, entered in the hypogastric region a few lines to the left of the median line, and

about half an inch above the symphysis pubis, passed through the bladder, downward and outward through the great sacro-ischiatic notch; and was extracted from a point upon a line with the extremity of the coccyx, and about two inches above the anus.

The bladder is known to have been in a state of distension at the time of the accident. The boy was seated on the ground about five paces from the gentleman who had the pistol in his hand, and they were almost directly facing each other.

When seen by Dr. G., seven hours after the accident, he was suffering intense pain, and the urine was escaping profusely through the anterior wound. By appropriate treatment, the wound closed in a little over two weeks, and by the 18th day he passed his urine by the urethra easily and naturally, and was discharged as not requiring further treatment.

Chlorate of Potash in Stomatitis Materna.—Dr. L. FAULKNER extols (*Virginia Medical Journal*, Dec. 1857) the chlorate of potash as a remedy in stomatitis materna.

Iodide of Potassium in Leucorrhœa.—Dr. JOS. B. PAYNE, of Magnolia, Ark., recommends (*New Orleans Med. and Surg. Journ.*, Nov. 1857) the iodide of potassium in solution as an *injection* in leucorrhœa. He employs the solution of the strength of one drachm and a half of the salt to a pint of water, three or four times a day.

Application to Sore Nipples.—It is stated (*Boston Med. and Surg. Journ.*, Oct. 1, 1857) that equal parts (by weight) of glycerine and tannin is an admirable application to sore nipples, and also to chaps and excoriations of other parts. The tannin readily dissolves in the glycerine.

Statistical Table exhibiting the Mean Height of American Recruits.—The following, extracted from Surgeon General Thos. Lawson's report, exhibits the mean height of 1800 men taken as they were entered upon the recruit list filed in the Adjutant General's office. The results are given for 100 men from each State. No recruit under 5 ft. 5 in. is received.

State.	Mean height. Feet.	Six feet and over.	Greatest height. Ft. In.
Indiana	5.7604	18	6.4 $\frac{1}{4}$
Kentucky	5.7729	18	6.3 $\frac{3}{4}$
Ohio	5.7537	15	6.3 $\frac{1}{2}$
Tennessee	5.7779	18	6.3
Maine	5.7314	11	6.2
Vermont and New Hampshire	5.6951	6	6.1
Massachusetts and Connecticut	5.6821	5	6.3
North Carolina	5.7814	24	6.3 $\frac{3}{4}$
Georgia	5.8272	30	6.6 $\frac{1}{2}$
South Carolina	5.7729	15	6.4 $\frac{1}{2}$
Alabama	5.7647	17	6.4
Virginia	5.7488	15	6.2
New York	5.6505	4	6.1 $\frac{1}{2}$
Pennsylvania	5.6756	5	6.1
New Jersey and Delaware	5.6509	6	6.1
Maryland	5.7130	9	6.2
Illinois	5.7696	17	6.3
Missouri	5.7162	8	6.1 $\frac{1}{2}$

Ovariectomy.—Dr. GAY read before the Boston Society for Medical Improvement (*Boston Med. and Surg. Journ.*, March 19th, 1857), a case of ovarian cyst, in a woman 54 years of age, in which he performed ovariectomy. The patient died seventy-four hours after the operation.